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UNCLAS SECTION 01 OF 03 YEREVAN 002197

SIPDIS

SENSITIVE

E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [ASEC](#) [CASC](#) [CMGT](#) [AM](#)

SUBJECT: AVIAN INFLUENZA: EMBASSY YEREVAN TRIPWIRES

REF: A) STATE 219189 B) YEREVAN 2053

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SUMMARY

1. (SBU) Post's Avian Influenza (AI) Taskforce meets on a regular basis and met on December 8 to discuss tripwires and response actions. Post has completed all but three of the preparedness steps outlined in ref A and is in the process of completing the outstanding tasks. Information about resource limitations and post's assumptions in developing these tripwires is available in paragraphs 4 and 5. Post's AI tripwires and possible response actions are listed in paragraph 6. Points of contact at post for these tripwires and other AI issues include DCM Anthony Godfrey, RSO Peter Ford, Management Officer Lee Hess, Econ Officer Elizabeth Pelletreau and Health Practitioner Paul McOmber. End Summary.

BACKGROUND

2. (U) Post's AI Taskforce first met on October 24, following the announcement of AI in Turkey. The Taskforce is chaired by the DCM and includes MGT, MED, CONS, PAS, ECON, USDA and USAID. Responding to requests for assistance from the GOAM, USAID sponsored AI expert Dr. Elizabeth Krushinskie to assess preparedness to respond to AI in the Armenian agricultural sector. Krushinskie traveled in Armenia November 12-19. She met repeatedly with the Ministry of Agriculture, toured two central lab facilities, and visited rural veterinary centers, commercial poultry farms and backyard farms. According to Krushinskie, the GOAM does not have an active surveillance system for AI and currently lacks basic diagnostic capacity to evaluate any potential AI outbreak. (See ref B for additional information on GOAM preparedness).

3. (SBU) We have taken all but three of the preparedness steps outlined in ref A and are in the process of completing the outstanding tasks. On October 28, the Ambassador organized a Town Hall Meeting for staff and family members to discuss AI. Post's Health Practitioner and a visiting medical officer from Moscow spoke at the meeting about AI and safe food handling techniques and distributed a pamphlet on AI. In November, in coordination with CA, the Consular Section issued a warden notice on AI which is also available on post's website, www.usa.am. Post's Health Unit has identified staff with medical skills who may be able to assist in case of an outbreak. The Health Unit has sufficient Tamiflu in stock to treat 80 individuals for a five-day course. We are expecting additional Tamiflu from the Department's central distribution program to arrive in the coming weeks. The Health Unit has ordered additional gowns, gloves and medical supplies. The AI Taskforce is working on a plan to continue operations with reduced staff and preparation of pre-planned packets for potential evacuees. Post is actively engaged with GOAM officials on AI issues (ref B).

RESOURCE LIMITATIONS AND ASSUMPTIONS

4. (SBU) The AI Taskforce met on December 8 to discuss the tripwires outlined in this cable. Per the questions in paragraph six of ref A, the Taskforce determined that: 1) Armenian medical facilities that could be used in the event of a human AI outbreak are extremely limited; 2) Armenia's public health system is poorly equipped to respond to or manage an AI outbreak; and 3) If there is an outbreak in rural Armenia, Mission personnel will likely be able to shelter in place in their homes for at least two weeks. If there is an outbreak in Yerevan and staff is required to seek

shelter on the Embassy compound there are sufficient supplies for approximately three days.

15. (SBU) The following assumptions were made for planning purposes:

-- The risk to USG personnel is currently low. While flight patterns for migratory birds do cross Armenian territory, the risk of a human outbreak in Armenia is mitigated by the fact that domestic duck populations are limited, there is no system of live bird markets and Armenians normally keep fowl and livestock out of their homes. (For more information about the Armenian poultry industry and GOAM preparedness, please see ref B).

-- The GOAM's capacity to respond to any potential AI outbreak in either birds or humans is extremely limited. The local health system lacks basic medical supplies and many local doctors do not have gloves, masks, or other protective equipment. Local health authorities plan to isolate patients who may have AI by designating hospital wards for AI cases. They do not have the capacity to isolate potential AI patients from each other. The GOAM has enough Tamiflu to treat only 20 individuals and has very limited stocks of the human annual flu vaccine (ref B).

-- If there is a human-to-human outbreak, U.S. citizens could be cut off from air evacuation routes.

-- Mission would not be able to obtain essential supplies in the event of a crisis and therefore should stockpile adequate supplies for the duration.

-- The efficacy of Tamiflu and other anti-viral medications in the treatment and prophylaxis of H5N1 influenza is unknown at this time. Animal models suggest Tamiflu might be helpful, however there is at least one human case of documented resistance.

TRIPWIRES AND POSSIBLE ACTIONS

16. (SBU) The DCM and key members of the EAC and AI Taskforce have approved the following four tripwires and possible associated actions:

Tripwire 1: AI outbreak diagnosed in fowl in Armenia.

Possible Actions:

- a. AI Taskforce meets to confirm tripwire has been crossed and discuss possible associated actions.
- b. Provide detailed briefing to Mission staff and family members.
- c. Consider release of warden message to American citizens.
- d. Offer additional USG assistance to GOAM if needed to the extent resources are available.

Tripwire 2: A spike in the number and/or broadening geographic spread of animal to human cases or human-to-human transmission in a neighboring country.

Possible Actions:

- a. AI Taskforce meets with EAC to confirm tripwire has been crossed and discuss possible associated actions.
- b. Provide detailed briefing to Mission staff and family members.
- c. Restrict official and unofficial travel to suspected areas.
- d. Recall all employees who are in remote areas.
- e. Consider requesting authorized departure of non-essential staff and family members.
- f. In consultation with the Department, release a public announcement through the warden system.
- g. Conduct Town Hall meetings for American citizens.

Tripwire 3: A spike in the number and/or broadening geographic spread of animal to human cases or human-to-human transmission in rural Armenia, but not in the capital, Yerevan.

Possible Actions:

- a. AI Taskforce meets with EAC to confirm tripwire has been crossed and discuss possible associated actions.
- b. Provide detailed briefing to Mission staff and family members.
- c. Restrict official and unofficial travel to suspected areas.
- d. Consider requesting authorized or ordered departure of U.S. family members and non-emergency personnel.
- e. In consultation with the Department, consider releasing a public announcement and travel warning for affected regions through the warden system.
- f. Implement home quarantine of any staff or dependents who have been in contact with a person confirmed to

have an AI infection and implement home monitoring procedures.

- g. Implement mandatory sick leave for any employee who shows any flu symptoms or has a family member with flu symptoms. Health Unit to monitor such cases.
- h. Consult with MED Washington and the Health Unit about providing Tamiflu to potentially infected individuals and their family members.
- i. In coordination with the Department, consider preparing press guidance.

Tripwire 4: A spike in the number and/or broadening geographic spread of animal to human cases or human-to-human transmission in Yerevan.

Possible Actions:

- a. AI Taskforce meets with EAC to confirm tripwire has been crossed and discuss possible associated actions.
- b. Provide detailed briefing to (perhaps by phone or e-mail) Mission staff and family members.
- c. Cancel incoming official travel to host country except for personnel involved in investigation/containment efforts or as otherwise deemed necessary by COM.
- d. Coordinate with CA/OCS on issuance of guidance (public announcement or travel warning as appropriate) urging American citizens to defer all non-emergency travel to host country and informing citizens in country about the situation, appropriate isolation measures and possible treatment options.
- e. Consider reduction of services, particularly visa services, to emergencies only. Establish Consular database to track American citizens who have been quarantined, hospitalized, or are ill at home.
- f. Institute screening procedures for all Mission visitors and procedures for use of protective gear as needed for personnel interacting with the public.
- g. In coordination with the Department, prepare press guidance.
- h. Implement home quarantine of any staff or dependents who have been in contact with a person confirmed to have an AI infection and implement home monitoring procedures.
- i. Implement mandatory sick leave for any employee who shows any flu symptoms or has a family member with flu symptoms. Health Unit to monitor such cases.
- j. Consult with MED and the Health Unit about providing Tamiflu to potentially infected individuals and their family members.
- k. Consider requesting authorized or ordered departure.
- l. If authorized or ordered departure is not available, instruct non-emergency American and LES staff to remain at home on administrative leave. Children should remain at home and not attend school.

Alternative Tripwire: A Mission employee develops Avian Influenza, in the absence of a broader outbreak per tripwires 2, 3, or 4 above.

Possible Actions:

- a. Implement home quarantine and treatment for victim.
- b. Consult with the Department about the appropriateness of Medevac.
- c. Medevac if possible.
- d. Disinfect office.
- e. Conduct Town Hall meeting for Mission staff and family members.
- f. In coordination with MED Washington, administer Tamiflu to close contacts.

GODFREY